

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3		2					
4		2					
5		2					
6		2					
7		2					
8		2					
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27		2					
28		2					
29	1						
30	1						
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36	1						
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42	1						
43		1					
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49	1						
50							
51		2					
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54		2					
55		2					
56		2					
57	1						
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69	1						
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83							
84							
85		2					
86		1					
87		1					
88		2					
89	1						
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	1						
TOTAL DEP.		2					
TOTAL CLAIMS	1	2					

128/12